

State of Wisconsin
Department of Revenue
Local Appeals for Exemption from State Mandates Criteria
In accordance with Wisconsin Statutes 66.0143

Co-Mun Code	Contact Person	Title	Phone ()
<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> County		Municipality	County

The Wisconsin Department of Revenue (DOR) will use the following general criteria in evaluating s. 66.0143 Local appeals for exemption from state mandates. DOR will request additional information from political subdivisions, as needed, to make informed decisions regarding unique circumstances and individual situations in which informational needs cannot be fully anticipated in advance.

Please arrange and submit the information regarding each request in the order prescribed below:

1. State law (statute reference) state mandate waiver request refers to: _____
2. Provide a description of the reason for the waiver request. (Use additional sheets, if needed.)
3. Describe how the waiver will enhance the efficiency and effectiveness of municipal or county operations.
4. What effects, if any, will the requested waiver have on programs or services offered by other municipalities or counties?
5. State the reason why this waiver is not related to health or safety.
6. Description of alternative actions if the waiver is not granted.

7. Financial Impact:

Year-by-year Projection of Annual Savings (including any capital costs required and how allocated):

Year 1 \$ _____ Year 2 \$ _____ Year 3 \$ _____ Year 4 \$ _____

Estimated 4-year cumulative budgeted program or service savings expected if waiver is granted \$ _____

Total **actual expenditures** incurred in the past year for the program or service to be waived . . . \$ _____

Total **current year budgeted expenditures** for the program or service to be waived \$ _____

Total combined tax levy and non levy (all sources) **current year budget expenditures** \$ _____

8. The following attachments must be included with the waiver request in the following order (see criteria instructions for how to submit attachments):

- Copy of specific resolution/ordinance (signed by Head of Government and from the governing body (board or council)) requesting a waiver or authorizing the head of government to request a waiver from any state mandate.
- Attached formal attestation from the Governing Body or Executive that the waiver is not related to health or safety.
- Record of public hearing, including any adverse impact on public services offered by other municipalities or counties.
- Name individuals, businesses, organizations, or other entities that have expressed support or opposition to the proposed waiver, if any. (Include both formal appearances before your governmental unit and other venues, such as newspaper editorials, letters to the editor, etc., if possible.)